

You can use a free online PDF converter to fill this in or print it and scan or take screenshots and send it to [wtfcatapps@gmail.com](mailto:wtfcatapps@gmail.com).



# Adoption Application

We are committed to finding permanent, responsible & loving forever homes for our rescue pets. Thank you for completing this application which will help us find the best match for the kitty and you. You must be at least **21 years old** to adopt an animal. Please be aware that the adoption process may take several days for approval. Submission of an application does not guarantee that you will be able to adopt. Home visits may be requested prior to approval and follow-up visits may be required as part of the adoption agreement.

## OFFICE USE ONLY

Name of Animal Adopted: \_\_\_\_\_ Microchip # \_\_\_\_\_

Name of Animal Adopted: \_\_\_\_\_ Microchip # \_\_\_\_\_

Breed: \_\_\_\_\_ Gender: Male Female Date of Birth: \_\_\_\_\_

Color/Markings: \_\_\_\_\_ Foster Family: \_\_\_\_\_ Verification of ID: Yes/No

Adoption Fee: \_\_\_\_\_ CASH VENMO Date of Adoption: \_\_\_\_\_ Processed by: \_\_\_\_\_

Please answer each question completely.

Date of Application: \_\_\_\_\_

List All Desirable cats' name/s \_\_\_\_\_

Name: \_\_\_\_\_ Spouse/Partner Name: \_\_\_\_\_

Street: \_\_\_\_\_ Apt: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell # \_\_\_\_\_ Alternate # \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about Whiskers, Tails and Ferals and this animal? \_\_\_\_\_

**After your cat/kitten adoption**, would you like to foster any other, different kitties for us in the future or know someone who would? \_\_\_\_\_

Do you know anyone who might need a barn cat? \_\_\_\_\_ Phone # \_\_\_\_\_

### Emergency Contact

Please provide complete information.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## Personal Questionnaire

**How long have you lived at your current address?** \_\_\_\_\_ Nearest cross street: \_\_\_\_\_

**Housing type:** House \_\_\_ Condo \_\_\_ Apartment \_\_\_ Mobile Home \_\_\_ Dorm \_\_\_

**And I live with:** Alone \_\_\_ Partner \_\_\_ Family \_\_\_ Parents \_\_\_ Roommate \_\_\_ Other \_\_\_

**Home Status:** I own \_\_\_ I rent \_\_\_ Estate \_\_\_ Trust \_\_\_

**If you rent, have you paid the pet deposit?** Yes / No      Landlord's name: \_\_\_\_\_

Landlord's phone number: \_\_\_\_\_ If you have lived at your current address less than a year, what was your previous address? \_\_\_\_\_

**Are you employed?** **\*If self-employed, please explain the type of work you do or your business name.**

Full time \_\_\_ Part time \_\_\_ Not employed \_\_\_ Retired \_\_\_ **How long?** \_\_\_

Employer: \_\_\_\_\_ May we verify employment? Yes / No

**Is your spouse/partner employed?** Full time \_\_\_ Part time \_\_\_ Not employed \_\_\_ Retired \_\_\_

**How long?** \_\_\_ Spouse/Partner's Employer: \_\_\_\_\_ May we verify employment? Yes / No

### Your Current Pets if Applicable:

Are your pet(s) neutered or spayed? Yes / No      Have they been tested for FIV and Leukemia? Yes / No

**FIV test:** positive \_\_\_ negative \_\_\_      **Leukemia test:** positive \_\_\_ negative \_\_\_

Name of Veterinarian that performed tests: \_\_\_\_\_ Veterinarian phone #: \_\_\_\_\_

Are your pet(s) current on ALL shots? Yes / No      Do you have a regular veterinarian: Yes / No

Veterinarian's Office/name: \_\_\_\_\_ Phone number: \_\_\_\_\_

May we contact the veterinarian to verify the above? Yes / No.

### Current Pets

Name of Pet	List Breed	Age of pet	Years Owned	Spayed/ Neutered	Declawed?	Where is pet usually kept	Do you still have this pet	What happened to pet /How did it pass?	Licensed
				Yes / No	Yes / No		Yes / No		Yes / No
				Yes / No	Yes / No		Yes / No		Yes / No
				Yes / No	Yes / No		Yes / No		Yes / No
				Yes / No	Yes / No		Yes / No		Yes / No

## Personal Questionnaire

### Recent Pets: Cat History (in the last ten years or earlier if applicable)

Name of Pet	List Breed	Age of pet	Years Owned	Spayed/Neutered	Declawed?	Where was pet kept?	What happened to pet/How did the pet pass?
				Yes / No	Yes / No		
				Yes / No	Yes / No		
				Yes / No	Yes / No		
				Yes / No	Yes / No		

<b>Whiskers, Tails and Ferals expects that you are going to make a lifelong commitment to this pet:</b>	
Are you aware and willing to spend approximately <b>\$1200</b> per year to keep a cat?	Yes / No
Are you prepared that kitty may adjust to other pets and/or its new home <b>30 days or longer</b> ?	Yes / No
Cats often live longer than 15 years. Are you ready to take responsibility for the cat's entire life?	Yes / No
Do you anticipate any <b>major lifestyle changes</b> (moving, marriage, new baby, new job)? Please explain: _____	Yes / No

Does any member in the household have allergies to pets? Yes / No

Was your entire family involved with selecting the new pet? Yes / No

How long have you been thinking of adopting? \_\_\_\_\_

How long do you plan on keeping this pet? \_\_\_\_\_

Reason(s) for adoption: Gift \_\_\_ Companion \_\_\_ Mouser \_\_\_ For a child \_\_\_ Companion for other pet \_\_\_

Emotional Support Animal \_\_\_\_\_ Other reason for wanting to adopt: \_\_\_\_\_

Where will your cat be kept during the day? \_\_\_\_\_ Night? \_\_\_\_\_

Would any of your neighbors object to your cat spending time in their yard? Yes / No

If they did object, what would you do? \_\_\_\_\_

Where will pet be kept when alone? \_\_\_\_\_

Who will care for the pet(s) should you go on vacation? \_\_\_\_\_

Which member of the household will hold primary responsibility for caring for your pets?

Feeding: \_\_\_\_\_ Training: \_\_\_\_\_ General Care: \_\_\_\_\_

**Who will care for the pet in the event that you are no longer able to?** \_\_\_\_\_

**Have you planned and discussed this with the person listed above?** \_\_\_\_\_

## Personal Questionnaire

Do you plan on letting your cat exercise outdoors? **Yes / No**

Upon adoption of your kitty, **when** do you plan on letting the cat outdoors? \_\_\_\_\_

Which best describes the vehicle traffic outside your residence? Heavy \_\_\_\_ Medium \_\_\_\_ Light \_\_\_\_

**Please circle your response and fill in where applicable.**

Have you ever applied with our organization before?	Yes    No
Have you ever adopted from other rescue organizations or a shelter?	Yes    No    Please list names of organizations:
If you've adopted from other rescues/shelters, where is the pet now?	The pet is...
Have you ever surrendered any animals to an animal shelter before? If so, what was the reason and how long ago?	Yes    No
Has anyone in your home been convicted of a charge related to cruelty to animals or child abuse?	Yes    No
Are any abuse, neglect, or criminal charges pending?	Yes    No
Have you ever had to find another home for one of your pets?	Yes    No    If yes, when and why: _____ How did you do that?
Do you intend to declaw?	Yes, Front paws only _____    No _____ Yes, All four paws _____

**Please check any behaviors that might cause you to return this cat:**

	✓		✓		✓
Allergies	<input type="checkbox"/>	Destructive behavior	<input type="checkbox"/>	Vacation Plans	<input type="checkbox"/>
Moving	<input type="checkbox"/>	Not getting along with current pets	<input type="checkbox"/>	Scratches furniture	<input type="checkbox"/>
Vet bills	<input type="checkbox"/>	Not the right personality	<input type="checkbox"/>	Housetraining	<input type="checkbox"/>
New baby	<input type="checkbox"/>	Change in marital status	<input type="checkbox"/>	Job change	<input type="checkbox"/>
Graduation	<input type="checkbox"/>	Cat hair on furniture or clothing	<input type="checkbox"/>	Aggressiveness	<input type="checkbox"/>

If a behavior problem arises, what steps will you take to work it out? \_\_\_\_\_

## Personal Questionnaire

### You & Your Household

Cat Experience	Household Members	Atmosphere	Cat Will Be Alone	Cat Will Live
<p><b>Check all that apply</b></p> <p><input type="checkbox"/> Never had a cat</p> <p><input type="checkbox"/> Grew up with cats</p> <p><input type="checkbox"/> 1st cat as an adult</p> <p><input type="checkbox"/> 1 or 2 cats as an adult</p> <p><input type="checkbox"/> Many cats as an adult</p>	<p><b># Adults by age:</b></p> <p>17 - 21 _____</p> <p>22 -29 _____</p> <p>30-38 _____</p> <p>39-59 _____</p> <p>60-69 _____</p> <p>70 + _____</p> <p><b># of Children</b> _____</p> <p><b>Ages of Children:</b></p>	<p><input type="checkbox"/> Quiet/Calm</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Active</p> <p><input type="checkbox"/> Lively</p>	<p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Part-time - Alone</p> <p><input type="checkbox"/> 3 - 5 hours a day</p> <p><input type="checkbox"/> Full-time - alone; 6 - 8 hours a day</p>	<p><input type="checkbox"/> Inside</p> <p><input type="checkbox"/> Inside/ Outside</p> <p>Explain:</p>

### Kitten/Cat Interest

Age	Coat	Energy	Gender
<input type="checkbox"/> Kitten (up to 6 months)	<input type="checkbox"/> Short	<input type="checkbox"/> Low	<input type="checkbox"/> Female
<input type="checkbox"/> Juvenile (7 - 18 mo)	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium	<input type="checkbox"/> Male
<input type="checkbox"/> Adult (18 mo - 5 yrs)	<input type="checkbox"/> Long	<input type="checkbox"/> High	
<input type="checkbox"/> Mature (5+ yrs)	<input type="checkbox"/> No preference	<input type="checkbox"/> No preference	<input type="checkbox"/> No preference

Please feel free to provide any additional information you feel might be relevant regarding your answers to the previous questions.

**Do we have your permission to verify any of the information stated in this application? Please confirm approval with your signature below.**

Yes, you do have my permission. Signature: \_\_\_\_\_ Date: \_\_\_\_\_